

# Demographic Change Form



Return completed forms by:

- Mail: BCBSND  
Attn: Enrollment Department  
4510 13th Ave. S.  
Fargo, ND 58121

Member Information	
Member Name (please print)	Unique Member Identifier

## Request for Updating Member Information

Updating Member Information		
<input type="checkbox"/> Name Change	Effective Date (MM/DD/YYYY)	
<input type="checkbox"/> Address Change	Effective Date (MM/DD/YYYY)	
<input type="checkbox"/> Date of Birth Change	Effective Date (MM/DD/YYYY)	
Name Change		
First Name	Middle Name	Last Name
Address Change		
Address Line 1		
Address Line 2		
City	State	Zip
Date of Birth Change		
Birth Date (MM/DD/YYYY)		

## Member Contact Information

Contact Information	
Name (please print)	Phone Number
Authorized Signature	Date